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SECRETARY OF STAT

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7/12/21

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ASKARFORNIA COMPANY DOCUMENT NUMBER: P20000014742 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ASKAR RUSTEMOV Name of Contact Person ASKARFORNIA COMPANY Firm/ Company 800 EMMA ST APT 421 Address KEY WEST FL 33040 City/ State and Zip Code askarrustemov@gmail.com E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call: at (305) 414-4814 Area Code & Daytime Telephone Number ASKAR RUSTEMOV Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filling Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Ft. 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

Articles of Amendment **(**0) Articles of Incorporation of

ASKARFORNIA COMPANY					
P20000014742	of Corporation as curren	itly filed with the Florida Dept. of State)		
1 2000000000000	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:		s Florida Profit Corporation adopts the ti	ollowing amenda	nent(s) t	
A. If amending name, enter the new n	ame of the corporation:				
			The ne	ne.	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co	"company," or "incorporated" or the abb A professional corporation name must	reviation "Corn.	••	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		800 FMMA ST APT 421			
		KEY WEST FL 33040			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	800 EMMA ST APT 421	202		
		KEY WEST FL 33040	ALL		
			AAR -7		
D. If amending the registered agent ar new registered agent and/or the new	w registered office addres	dress in Florida, enter the name of the	PM 12: 48		
Name of New Registered Agent	ASKAR RUSTEMOV		8		
	800 EMMA ST APT 421				
New Registered Office Address:	KEY WEST	trect address) Florida ³	3040		
		(City)	(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist ()	ered agent Tam familiar - Rustencev	with and accept the obligations of the po	sition.		
Charlest and sale	Signature of New)	Registered Agent, if changing			
Check if applicable					

 \square The amendment(s) is are being filed pursuant to s. 607.9120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer director title by the first letter of the office title:

P = President, V - Vice President; T - Treasurer; S - Secretary, D - Director; TR - Trustee; C + Chairman or Clerk; CEO = Chief Executive Officer, CFO - Chief Financial Officer, If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>X</u> €hange	171	John Dog		
· · · · <u>X</u> Remove	·V	Mike Jones		The state of the s
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
$\frac{N}{N}$ Change	PT	ASKAR RUSTEMOV	800 EMMA ST APT 421	
Add			KEY WEST FL 33040	
Remove				
2) Change		-		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove 3) Change				
Add	•.	• • •		
Remove				
4) Change				***
Add				
Remove				
5) Change				
Add				<u>—</u>
Remove				
6) Change				
Add	·			 -
Remove				

	heets if necessary)	(Be specific)			
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an amondment	provides for an exch	ange, reclassificat	tion, or cancellation	on of issued shares	
an anacutting it	olementing the ame	ndment if not con	tained in the ame	idment itself:	
provisions for imp	ble, indicate N.A)	, <u>, , , , , , , , , , , , , , , , , , </u>			
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MAY 10, 2021
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voling group)
Dated05/27/202/
Signature ARUSTEIREOU
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
· ASKAR RUSTEMOV
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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